

01/24/01

1c912 U.S. PTO

THE ASSISTANT COMMISSIONER FOR PATENTS
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Washington, D.C. 20231

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Case Docket No. MRI-007A

1c912 U.S. PTO

09/168827

01/24/01

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I hereby certify that this transmittal letter and the papers referred to as being enclosed therein are being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 CFR 1.10 on the date indicated above and is addressed to the Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

Signature

Nelson F. Barros

Please Print Name of Person Signing

Sir:

Transmitted herewith for filing is the patent application of

Inventor(s): Robert Schlegel; Wilson Endege; and John Monahan

For: COMPOSITIONS, KITS, AND METHODS FOR IDENTIFICATION, ASSESSMENT, PREVENTION, AND THERAPY OF HUMAN PROSTATE CANCER

Enclosed are:

☐ This is a request for filing a ☐ continuation ☐ divisional application under 37 CFR 1.53(b), of pending prior application serial no. _____ filed on _____ entitled _____.

☒ 108 pages of specification, 10 pages of claims, 1 pages of abstract.

☒ 830 page(s) of Tables 1-1 (22 pgs.); 1-2 (9 pgs.); 1-3 (24 pgs.); 1-4 (6 pgs.); 1-5 (3 pgs.); and Tables 2-1 (36 pgs.); 2-2 (10 pgs.); 2-3 (3 pgs.); 2-4 (12 pgs.); 2-5 (2 pgs.) 2-6 (1 pg.); 2-7 (20 pgs.); 2-8 (3 pgs.); 2-9 (1 pg.); 2-10 (53 pgs.); 2-11 (20 pgs.); 2-12 (6 pgs.); 3-1 (73 pgs.); 3-2 (4 pgs.); 3-3 (46 pgs.); 3-4 (2 pgs.); 3-5 (105 pgs.); 3-6 (2 pgs.); 4-1 (74 pgs.); 4-2 (8 pgs.); 5-1 (3 pgs) 5-2 (3 pgs.); 6 (279pgs.).

☒ A Declaration, Petition and Power of Attorney (unexecuted).

☐ An assignment of the invention to _____ . A recordation form cover sheet (Form PTO 1595) is also enclosed.

☐ Applicant claims small entity status. See 37 CFR 1.27.

☐ Other _____

The filing fee has been calculated as shown below:

| | (Col. 1) | (Col. 2) |
|--|----------------------|----------------------|
| FOR: | NO. FILED | NO. EXTRA |
| BASIC FEE | //////////////////// | //////////////////// |
| TOTAL CLAIMS | 55 - 20 | = 35 |
| INDEP. CLAIMS | 19 - 3 | = 16 |
| <input type="checkbox"/> MULTIPLE DEPENDENT CLAIMS PRESENTED | | |

* If the difference in Col. 2 is less than zero, enter "0" in Col. 2.

| SMALL ENTITY | |
|--------------|-----|
| RATE | FEE |
| //////// | \$ |
| x 9= | \$ |
| x 40 | \$ |
| +135 | \$ |
| TOTAL | 0 |

| OTHER THAN SMALL ENTITY | |
|-------------------------|-----------|
| RATE | FEE |
| //////// | \$ 710 |
| x 18= | \$ 630 |
| x 80 | \$ 1280 |
| +270 | \$ |
| TOTAL | \$2620.00 |

☐ Please charge my Deposit Account No. 12-0080 in the amount of \$.
A duplicate copy of this sheet is enclosed.

☒ A check in the amount of \$ \$2620.00 to cover the filing fee is enclosed.



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The issue fee set in 37 C.F.R. 1.18 at or before mailing of the Notice of Allowance, pursuant to 37 C.F.R. 1.311(b).



Any filing fees under 37 C.F.R. 1.16 for presentation of extra claims.



A check in the amount of \$ _____ to cover the recording of assignment documents is also enclosed.



Address all future communications (May only be completed by applicant, or attorney or agent of record) to DeAnn F. Smith at Customer Number: **000959** whose address is:

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Date: January 24, 2001

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